

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022173
STATE FILE NUMBER

FILED JUN 25 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 261

S. 300
7. 1-57
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ebertine Nursing Hm.		Length of stay in lb 20 yrs.	7605 STREET ADDRESS (If outside, give location) 1309 No. Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Stephen Sealsberry Miller			4. DATE OF DEATH Month June Day 14 Year 1958		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 20, 1886		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and state or country) Linn County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Geo. Miller		13b. MOTHER'S MAIDEN NAME Dina Warren		14. NAME OF HUSBAND OR WIFE Bertha Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 496 09 4684		17. INFORMANT Address Mrs. Bertha Miller Independence Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 week 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis					
DUE TO (c) 334X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-28-58 , to 6-14-58 and last saw ^{her} _{him} alive on _____ Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Willard W. ...</i>			22b. ADDRESS 10229 Independence Ct		22c. DATE SIGNED 6/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Richland Cemetery		23d. LOCATION (City, town, or county) (State) Linn County, Kansas
24. FUNERAL DIRECTOR Geo. C. Carson & Son's Indep., Mo.		ADDRESS 6-17-58		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <i>James ...</i>	

JUN 1 1958

JUN 27 1958

JUN 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Indy, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.